Under the Paperwork Re				on unless it displ	PTO/SB/06 (08- ough 7/31/2006. OMB 065 1-0 DEPARTMENT OF COMMER ays a valid OMB control numb tiog of Docket Number
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875					1678 82 1
CLAIMS AS FILED - PART ((Column 1) (Column 2) SMALL ENTITY				Y OR	OTHER THAN SMALL ENTITY
FOR	NUMBER FILED	NUMBER EXTRA			SWALL ENTITY
BASIC FEE .(37 CFR 1.16(a))		THOMBER EXTRA	RATE FE	E	RATE FEE
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	T.		OR	\$
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	1.	X \$=	OR	X \$=
MULTIPLE DEPENDENT CLAI		FR 1.16(d))	X \$ =	OR OR	X \$=
* If the difference in column 1 is less than zero, enter "0"			 + s = 	OR	+ 5=
			TOTAL	OR	TOTAL
CLAIMS	AS AMENDED - P	ARTII			<u> </u>
H.NE (Colu		Column 2) (Column 3)	SMALL ENTITY	OR	OTHER THAN
A REMO		IGHEST UMBER PRESENT			SMALL ENTITY
而 AMENI	ER PRE	EVIOUSLY EXTRA	TIONA		RATE ADDI-
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	Minus	3/1-	FEE	-	FEE
Z Independent (37 CFR 1.18(b))	Minus	11 =	X 5 =		S
FIRST PRESENTATION OF	WILL TIPLE DEPENDENT OF	7	X 1 =	OR X	5=
	THE BEI ENDENT CE	4JM (37 CFR 1.16(d))	+5_=	OR +	5=
			TOTAL ADD'L FEE	OR	OTAL DD'L FEE
n (Column	10	olumn 2) (Column 3)			
Total (37 CFR 1.16(b))	ING NU	HEST . MBER PRESENT IOUSLY EXTRA	RATE ADDI- TIONAL	7 /	RATE ADDI-
Total (37 CFR 1.16(c))	Minus	DFOR =	FEE		TIONAL FEE
Independent (37 CFR 1.15(b))	Minus ***	=	X \$=	OR X	=
FIRST PRESENTATION OF MU	I TIPLE DEPOSITOR		х \$=	OR X s	=
	CTA CE DEPENDENT CLAIM	4 (37 CFR 1.16(d))	+ \$=	OR +s	
	•		TOTAL ADD'L FEE	OR ADD	TAL D'L FEE
(Column 1	Colui	mn 2) (Column 3)		, //	
CLAIMS REMAININ	G HIGH	EST	DAYE	·	
AFTER AMENOME	I PREVIO	USLY EXTRA	RATÉ . ADDI- TIONAL	. R	ADDI- TIONAL
Total • (37 CFR 1.16(c))	Minus	=	FEE		FEE
Independent (37 CFR 1.16(b))	Minus ···	2	X \$=	OR X 1_	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			X s=	OR X \$_	=
		(0)/	+ s = TOTAL	OR + 5_	= =
If the entry in column 1 is less If the "Highest Number Previou	than the entry in column	2 Write "0" in column 2	ADD'L FEE	OR ADD'L	
If the "Highest Number Previou If the "Highest Number Previou	isly Paid For IN THIS SE sty Paid For IN THIS SP	e o iii column 3			L

Ine Highest Number Previously Paid For. (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO HOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.